Guideline Updated: 5 October 2004 Specialty: Gastroenterology

Hemoccult Positive Stool Referral Guideline

Diagnosis/Definition

• Occult bleeding is not obvious to the naked eye(that is, no melena or hematochezia) detected by the use of fecal occult blood testing cards (Hemoccult, Fecult).

FOBT - Fecal occult blood test.

Initial Diagnosis and Management

- Used in the screening of appropriate patients (> age 50) for colorectal cancer. A positive stool card on any one of 3 spontaneously passed, consecutive bowel movements with patient on a dietary protocol.
- Should not be done in course of a routine rectal (digital) examination if assessing truly for occult bleeding.
- Patients with iron deficiency anemia do not require FOBT as they automatically require both an upper endoscopy and a total colonic evaluation REGARDLESS of the result of an FOBT.

Ongoing Management and Objectives

- A positive result requires a total colonic evaluation.
- Colonoscopy is the preferred test

Indications for Specialty Care Referral

- Patients with a positive FOBT who have never had a total colonic evaluation via a colonoscopy previously.
- Colonoscopy is desired as first-line w/u for heme + stool.

Criteria for Return to Primary Care

Completion of colonoscopy with recommendations to the primary care provider.